

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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**LOBBYIST REGISTRATION FORM**

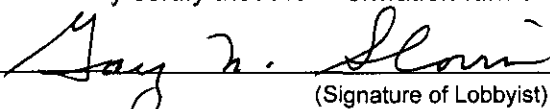
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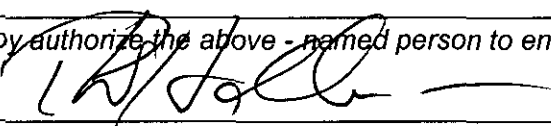
STATE OF HAWAII  
STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M	539-0834
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL gslovin@awl.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MultiState Associates Inc. on behalf of Consumer Electronics Association		703-684-1110
MAILING ADDRESS (Street)		FAX 703-684-7912
515 King Street, Suite 300		EMAIL
(City)	(State)	(Zip Code)
Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Carrie E. Castro		703-684-1110
MAILING ADDRESS (Street)		FAX 703-684-7912
515 King Street, Suite 300		EMAIL ccastro@multistate.com
(City)	(State)	(Zip Code)
Alexandria	VA	22314

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	1/18/2013 (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Paul W. Hallman	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President, MultiState Associates, Inc.	
NAME OF ORGANIZATION (if applicable) MultiState Associates Inc. on behalf of Consumer Electronics Association	TELEPHONE 703-684-1110	
MAILING ADDRESS (Street) 515 King Street, Suite 300	FAX 703-684-7912	
	EMAIL phallman@multistate.com	
(City) Alexandria	(State) VA	(Zip Code) 22314
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		1/16/13 (Date)